

CHAPTER X

Opportunities for Strengthening Maternal Child Health in Idaho

Described throughout the assessment report are a number of initiatives, programs and services that are in place and serve Idaho's MCH populations. This section of the assessment report focuses on opportunities available to strengthen MCH outcomes in Idaho by building on existing and mobilizing new efforts.

A. Promoting a systems-approach to the planning, organization, delivery and evaluation of MCH services.

1. *Putting the System Pieces Together*

Several system-building efforts have been described in this report and the focus on a system rather than a categorical approach to service delivery has occurred for a number of reasons. These include a response to the Jeff D. lawsuit concerning services to mentally ill children, the result of Federal mandates or grant opportunities, or because Idahoans saw a problem and felt that better collaboration across programs would address it.

However these activities have resulted in a wide range of collaborative efforts with overlapping goals that are without clearly defined roles in developing policies or recommendations. At the state policy level a number of issues must be addressed to create a climate and an infrastructure in which the system pieces can be put together. The following are specific opportunities that may be considered in addressing system-building issues.

2. *Develop a Results-focused Systems-building Framework*

Important to consider is how all the individual system and collaboration efforts can be organized to fit together to obtain synergy and bring about change. System collaboration efforts need to define the results and outcomes they want to pursue. Another important issue is how to sustain these efforts over time. A negative result of many collaborative efforts is the consumption of resources (time and money) that occurs from the repetitive discussion of the same issues in various collaboration venues leaving little time and energy for the actual implementation of change.

Organizing system efforts by the general results and the more specific outcomes that policy-makers want to achieve can be an effective way to bring the pieces together. Agreement on a set of such outcomes and results that transcend individual agencies or disciplines will go a long way toward keeping the collaboration efforts focused and helping to maintain momentum and thereby attract further support. An outcome/results focus permits the use of specific monitoring measures to assess in real time the effectiveness of particular initiatives or activities. A results-focus also helps to guide the collection of appropriate data that will lead to the development of information needed to determine progress.

a. Ensure That All the System Partners are at the Collaboration Table

Since MCH health and wellness status is impacted by an array of factors and is addressed by so many groups and agencies, it is essential that all the partners are brought together and that all have meaningful roles in the collaboration process. For example, initiatives that are started by a particular Department, such as Health and Welfare's Systems Integration Effort, should fully include other obvious partners such as District Health Departments. In addition, there is a need to make sure organizations that are growing in importance, such as the State's Community Health Center's find a seat at the table as active participants in system development efforts both at the State and local level. Finally, the involvement of families can be crucial to the collaborative process ensuring that the system planned is the system families' need. This involvement is also a way to promote family-state agency relationships that are positive and collegial rather than negative and adversarial.

b. Promote the System Message

It is essential that all the MCH stakeholders speak with one voice about system-building and collaboration so that this message becomes part of the culture of planning and implementing services in Idaho. This can be accomplished through joint policy development, common regulations, shared procedures, contract language, and performance measures. Everyone needs to understand that collaboration among providers and with consumers is how "Idaho does business".

3. *Getting The System to Deliver Services That Meet the Needs of Consumers, Providers and Policy-Makers*

a. Facilitate Cross-system Training

For a number of reasons including funding structures, all too often the response to a perceived problem is to start another "program". Over time this results in the establishment of multiple categorical silo efforts that consume resources, confuse consumers, and frustrate providers. Very often MCH population groups are served by and are know to an array of the same providers. If these providers, all of whom are serving the same groups, were cross-trained to provide information, referral and guidance about a number of services or needs, it would be possible to do a lot more service with a lot less resources. For example, Medicaid staff would have basic information about prenatal care, child health (including immunizations), and family planning resources. Public health staff would have basic information about Medicaid and SCHIP

eligibility and enrollment. The assessment has clearly documented the need for dissemination of *accurate* information to both providers and consumers about services needed by families. The conduct of regular, ongoing cross-program, cross-agency training could go a long way toward addressing this need.

b. Turning Data into Information

In interviews conducted with District Health and Regional Health and Welfare staff, the lack of available data that can be turned into information and then used to guide program decisions was identified as a major issue. This was also identified as a high priority by the CAST-5 workgroup. Data that was collected was not always the data needed to assess outcomes and measure performance. At other times, data collected was not analyzed and/or displayed in a fashion so that it could be readily used by decision-makers to make program changes.

B. Operationalizing a systems-approach to the planning, implementation and delivery of services.

1. *Promote Regional Models of Collaboration*

Due to the geographic distances in Idaho and its culture of individualism, regionalization may be a promising approach to collaboration and system-building. In fact several of the collaboration efforts described earlier are focused on specific geographic areas of the state. The use of a regional approach puts boundaries around the collaboration issues thereby making resolution of the issues more manageable. The region can examine the continuity of care issues within the context of available resources and determine how to link those resources and use them most efficiently and effectively. For example, a perinatal regional approach to care would focus on the availability of and access to prenatal care, the identification of high-risk women, development of care coordination and referral/transfer protocols for high-risk women, links to community support and enabling services, and arrangements for delivery at an appropriate facility. Also important are linkages for post partum care to include screening for depression and ongoing primary care. Regional entities could enhance the work of the Idaho Perinatal Project and address concerns that IPP has been unable to adequately address beyond the Boise area.

Another example is a regionalized approach to CSHCN services across the life span. Stakeholders would include the Infant Toddler Program, School District Special Education staff, BOCAPS staff, physicians and hospitals and Medicaid care coordination providers could help to create a more responsive and coordinated system of services for CSHCN. A regional effort would also provide an effective mechanism for addressing parent's concerns that they lack information about what is available for families of CSHCN and have limited input into CSHCN planning.

BOCAPs could contribute Title V resources to help develop these regional approaches and provide overall support for the initiatives. This would allow BOCAPs to better fulfill its Title V mandate to ensure the health of *all* children, including CSHCN. In some areas regional collaboration efforts could serve as a spur to creating county-level collaboration councils that

could work on county issues and convey those concerns to the regional collaboration bodies. Participants in a number of focus groups conducted by Regional Health and Welfare Directors as part of the development of a performance improvement plan for child protective services expressed an interest in creating collaborative efforts at the county level encompassing a broad range of services.¹

The Early Learning Issues Group Report to the Governor's Coordinating Council recommends the establishment of Cross System Coordinating Committees by Region. The purpose of the Councils would be to "stimulate local awareness, collaboration and funding momentum." They suggest that Success by Six is a potential organization that could accomplish this.² While there are advantages of placing responsibility for organizing this outside the government, it is also important that State and local agencies be strongly encouraged to be active participants in such an entity. The expectation of participation in collaboration should be written into contracts, job descriptions, and memoranda of understanding and similar documents in order to create a culture that fosters cooperation and collaboration. Agencies should combine resources to offer incentives such as small flexible grants and technical assistance to support collaborative efforts.

2. *Coordinate the Regional Collaboratives*

While it is important in Idaho that local needs and customs drive service delivery, it is also important to link state and regional efforts to assure cross-regional consistency and accountability. It is difficult to assure that all entities at the regional and local levels not only have access to current state policy directives but also that they *understand* the policy directives and are able to accurately describe and apply them. During the course of the assessment, many key stakeholders and consumers shared their understanding of particular rules and regulations which not always accurately reflected state policies and procedures. These misunderstandings and misconceptions can create a myriad of problems ranging from preventing eligible individuals from obtaining services they need to significantly damaging relationships between consumers and providers and among provider groups.

A collaborative systems-focused approach has led to many achievements across Idaho. MCH stakeholders can build on these accomplishments to ensure that the families of the State have access to the services and supports needed to promote the health and wellness of Idaho's children.

¹ *Performance Improvement Project Focus Groups Executive Summary*. Idaho Department of Health and Welfare. 2004.

² *Early Learning Issues Group Report to the Governor's Coordinating Council*.